MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009178
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2592

FILED MAR 14 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bethesda Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis.
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4425a Manchester, Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Oswald Middle: C. Last: Parker

4. DATE OF DEATH: Month, Day, Year: March 3, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 11/20/1895

9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Cherryville, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Rainey Parker

13b. MOTHER'S MAIDEN NAME: Rachel Baker

14. NAME OF HUSBAND OR WIFE: Agnes M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Agnes M. Parker, 4425a Manchester, Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for parts (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Broncho Abscess — 2 Days
DUE TO (c): Influenza & Cerebral Arteriosclerosis — 2 wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Tuberculosis, Chr Myocarditis

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.): 480 X

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7 Jan 63 to 3 Mar 63 and last saw her/him alive on 3 Mar 63
Death occurred at 11 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo Bellezzi M.D.

22b. ADDRESS: 4801a Manchester

22c. DATE SIGNED: MAR 6 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 03-7-63

23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery

23d. LOCATION (City, town, or county) (State): St. James, Mo.

24. FUNERAL DIRECTOR ADDRESS: Licklider Funeral Home, St. James, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 6 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.